MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4901

CERTIFICATE OF DEATH

Reg. Dist. No. 2 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN) Trappe - Rural

LENGTH OF STAY (In this place) 40 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe - Rural

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Roney (Middle) (Last) Baynard

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	July 30, 1872	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer - Owner		Talbot Co. Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harrison Baynard	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mr. Dudley Baynard - Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Arterio Sclerotic heart disease	5 yrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio Sclerosis	10 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7th, 19 52 to 12/7, 19 52 that I last saw the deceased alive on Dec. 7th, 19 52, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE William D. Seymour (DEGREE OR TITLE) M.D. ADDRESS Trappe, Talbot DATE SIGNED 12/10/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	Dec. 10, 1952	Spring Hill Cemetery	Easton, Talbot	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/9/52	N.A. Reeves	Maurice E. Newnam & Son	Easton, Md.

RECEIVED
DEC 15 1952
BUREAU V. S.

Film 6449 - Item #7
1/5/53 - mnt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14902

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AP

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton - Md; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.; STREET ADDRESS (If rural, give location) 442 August St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Beckwith

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug 11, 1882

9. AGE last birthday: 70 yrs.

If under 1 year: Months; If under 24 hrs.: Days 6, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General Work

11. BIRTHPLACE (State or foreign country): Talbot

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Beckwith

14. MOTHER'S MAIDEN NAME: Ann Rainer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George E. Lane, 442 August St. Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - Renal disease — Interval Between Onset and Death: 1 yr

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1952, to 12/17, 1952, that I last saw the deceased alive on 12/16, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. D. Cop — M.D. — Easton Md

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Dec 19, 1952 | NAME OF CEMETERY OR CREMATORY: Spring Hill | LOCATION (City, town, or county): Easton | (State): Md

DATE REC'D BY LOCAL REG. 12/18/52 | REGISTRAR'S SIGNATURE: N. L. Meares

24. FUNERAL DIRECTOR | ADDRESS: Easton Md

RECEIVED
DEC 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH — 14903

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marydel
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	G.	Bridles	Dec	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Black	Married	December 25, 1895	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charlie Gibson	Catherine Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	unknown	Harvey Bridles (husband) Marydel, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Uremia	1 week
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Nephrosclerosis	?
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-30, 1952, to 12/8/, 1952, that I last saw the deceased alive on 12/8/, 1952, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE: H. L. Coy (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: 12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/11/52	Mt. Zion	Marydel, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/9/52	M. J. Nevins	R. B. Rawlings	Greensboro Md.

RECEIVED
DEC 22 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

14904

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carolyn	Mary	Butler	Dec.	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	newborn	12-22-52	✓ yrs.		3	6	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marvin Lewis Butler
14. MOTHER'S MAIDEN NAME: Doris Madelie Raine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mother; Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 Immediate cause (a) Intraventricular Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.22, 1952, to 12.25, 1952, that I last saw the deceased alive on 12.25, 1952, and that death occurred at 7:04 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles H. Winchester M.D. Ridgely, Md. 12.25.52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 27, 1952
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Maryland

DATE REC'D BY LOCAL REG. 12/26/52
REGISTRAR'S SIGNATURE M.H. Nevins
24. FUNERAL DIRECTOR ADDRESS J. Virgil Hooper Son Denton

21V2291326

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

14905

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 yrs. 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Rt 4

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) (Last) Carr.

4. DATE OF DEATH (Month) Dec (Day) 7 (Year) 1952

5. SEX female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH November 23, 1894

9. AGE last birthday 59 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hall Lawrence

14. MOTHER'S MAIDEN NAME Mary Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. unknown

17. INFORMANT AND ADDRESS Joseph Carr (husband) Easton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) apoplexy	1 day
443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) H. C. V D	Several yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6/, 1952, to 12/7/, 1952, that I last saw the deceased alive on 12/7/, 1952, and that death occurred at 20 m., from the causes and on the date stated above.

SIGNATURE [illegible] Cof (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/9/52 | NAME OF CEMETERY OR CREMATORY St. Paul's | LOCATION (City, town, or county) James B. Bartlett Md (State)

DATE REC'D BY LOCAL REG. 12/8/52 | REGISTRAR'S SIGNATURE M. H. Keene

24. FUNERAL DIRECTOR ADDRESS 310 South st.

RECEIVED
DEC
BUREAU V. 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14906
Reg. Dist. No. 541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nearith
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nearith
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) D. (Last) Cooper

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 1, 1895

9. AGE Last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fisherman

11. BIRTHPLACE (State or foreign country): Bozman, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Cooper

14. MOTHER'S MAIDEN NAME: Mary Bella Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no none

16. SOCIAL SECURITY NO.: 219-10-2311

17. INFORMANT'S ADDRESS: Mrs. Charles Cooper, Nearith Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic Hypertensive cardio- — years.

DUE TO (c) vascular d.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1952 to 12-29, 1952, that I last saw the deceased alive on 12-29, 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Thomas Buker Jr M.D. St Michaels Md 12-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 1, 1953

NAME OF CEMETERY OR CREMATORY: Nearith Cemetery

LOCATION (City, town, or county) (State): Nearith Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 30 52

REGISTRAR'S SIGNATURE: Mrs. Robert L. Seth

24. FUNERAL DIRECTOR: W. Hamilton Harrison

ADDRESS: St. Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14907

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place) 29 hrs time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tunis Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Jess	H.	Daffin		12	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Feb 26 1917	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Employed	Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Frank Daffin	Ann Marie Mjelde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	World War II	218-01-5447	Miss Ellen Daffin 30 Plattsburg Court Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8 to 4 **Immediate cause** (a) Surgical shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured bladder

(c) Comminuted fract L leg

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-14-52	Ruptured bladder	Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Vic. Easton	Talbot	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
12	14	52	7:30 A.M.			Struck by auto in traffic

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leon J. Wroth Jr MD	MD	Easton Md	12-16-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/17/52	Unity	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/16/52	N. W. Nelms	Allen Lloyd	Easton Md

VS/A16A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14908

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Easton Memorial Hosp. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. | LENGTH OF STAY (In this place) 13 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp. Easton. Md. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George. (Middle) Thomas (Last) Gross
4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-11th-1892
9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): ? (Unknown)
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Lottie Perkins, Williamsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

† Immediate cause (a) Multiple Cerebral Infarcts

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pituitary Cyst

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: C. A. Ahmed (Degree or title) M.D. ADDRESS Memorial Hospital, Easton Md. DATE SIGNED 5 Jan 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1/2/53 | NAME OF CEMETERY OR CREMATORY: Somers Run | LOCATION (City, town, or county) (State): Near Federalsburg Md

DATE REC'D BY LOCAL REG. 1/2/53 | REGISTRAR'S SIGNATURE: M. A. Nelms

24. FUNERAL DIRECTOR: J. J. Frampton ADDRESS Sen Federalsburg Md

VS. A-15

RECEIVED
3 1953
EAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1 19019

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Harmon.

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Black.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married.

8. DATE OF BIRTH: 4-12-86

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm helper

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Harmon

14. MOTHER'S MAIDEN NAME: Mary Jane Engerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs Edmond Pattuck —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of rectum

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE: C. C. H. Lynch M.D. (Degree or title) — ADDRESS: Memorial Hospital, Easton Md. — DATE SIGNED: 5 Jan 1953

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Autopsy | NAME OF CEMETERY OR CREMATORY: Board of Maryland | LOCATION (City, town, or county): Baltimore | (State): Md

DATE REC'D BY LOCAL REG.: 12/31/52 | REGISTRAR'S SIGNATURE: M. D. Meiers

24. FUNERAL DIRECTOR: G. L. Moore & Son | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1910 29

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) O. (Last) Harmon

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: August 29 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Pittsburg Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas D. Harmon

14. MOTHER'S MAIDEN NAME: Frances Axtell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Thomas D. Harmon, Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerotic C.V.D. — -
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **INJURY OCCURRED** While at work ☐ Not while at work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 12-5, 1952, to 12-5, 1952, that I last saw the deceased alive on 12-5, 1952, and that death occurred at 1.45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Thomas J. Ricker M.D. St Michaels Md 12-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec 8th 1952 — NAME OF CEMETERY OR CREMATORY Loudow Park Cemetery — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Dec 5, 1952 — REGISTRAR'S SIGNATURE Mrs Robt. L. Seth — **24. FUNERAL DIRECTOR** S. Hampton Harrison — ADDRESS St Michaels Md

BIBLIOTEKA V. S.

Film G150, Item #7
1/9/53, mal

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14911

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH
COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
LENGTH OF STAY (in this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cordova,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) (Last) Harris

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ?

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Gilchrest

14. MOTHER'S MAIDEN NAME: Sally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Samuel Harris (Samaddens)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Failure — Uremia	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	Several years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arthritis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 12-8-52 to 12-28-52, that I last saw the deceased alive on 12-27-52, and that death occurred at 8:55 A.m., from the causes and on the date stated above.

SIGNATURE: G Whitaker (Degree or title) M.D. ADDRESS: RIDGELY, Md DATE SIGNED: 12-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/31/52 — NAME OF CEMETERY OR CREMATORY: New Town Cemetery — LOCATION (City, town, or county) (State): Cordova Md.

DATE REC'D BY LOCAL REG.: 12/29/52 — REGISTRAR'S SIGNATURE: M.H. Nevins

24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Easton, Md.

Film G150, Item 50
1/16/53, mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1912

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Easton
LENGTH OF STAY (in this place) yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) (Last) HOPKINS

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1952

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: unknown

9. AGE last birthday: about 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cloak Boyce

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edward Stanford, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) DUE TO: Generalized Arteriosclerosis — Interval Between Onset and Death: years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Endocarditis — years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-50, to 12-15-52, that I last saw the deceased alive on 12-15-52, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE: M. F. Burrell (DEGREE OR TITLE) Supt ADDRESS Easton Md DATE SIGNED 12-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 18 1952 — NAME OF CEMETERY OR CREMATORY St. Paul's — LOCATION (City, town, or county) (State) Near Denton, Md.

DATE REC'D BY LOCAL REG. 12/16/52 — REGISTRAR'S SIGNATURE A. H. Morris

24. FUNERAL DIRECTOR J. Virgil Hammond Son, Denton. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11913

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; Easton Memorial Hospital; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston, Md.
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton, Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; Preston; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Orland (Last) Hubbard
Hubbard, Baby Boy

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 20, 1952

9. AGE last birthday: yrs. If under 1 year: Months; Days 5; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Memorial Hospital

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: James Hubbard, Jr.

14. MOTHER'S MAIDEN NAME: Helen Brummel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: James Hubbard, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Catherine Hubbard, M.D. ADDRESS: Memorial Hospital Center DATE SIGNED: 5 Jan 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/26/52

NAME OF CEMETERY OR CREMATORY: Queenstown

LOCATION (City, town, or county): near Preston (State): Md.

DATE REC'D BY LOCAL REG.: 12/24/52

REGISTRAR'S SIGNATURE: M.D. Merrick

24. FUNERAL DIRECTOR: JJ Frampton ADDRESS: Sons Federalsburg

20V225434 2

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 18 Film G150 1-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1914

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vine st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) Vine St

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Leroy (Last) Jackson

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-3-1946

9. AGE last birthday: 6 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius E. Jackson

14. MOTHER'S MAIDEN NAME: Mable Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mable Baker, Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Empyema — Interval Between Onset and Death: 1 mo.

519.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) W.T. Pleurisy (with effusion) — 2 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1952, to Dec 29, 1952, that I last saw the deceased alive on Dec 29 1952, and that death occurred at 4.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hayward T. Mott, M.D. ADDRESS Easton, Md. DATE SIGNED 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-1-53 | NAME OF CEMETERY OR CREMATORY Trappe Cemetery | LOCATION (City, town, or county) Trappe (State) Md.

DATE REC'D BY LOCAL REG. 12/31/52 | REGISTRAR'S SIGNATURE M.H. Merrick | 24. FUNERAL DIRECTOR ADDRESS James B. Starkey Easton, Md.

Zeline $150, Item #13
1/9/53, mnt

MARYLAND STATE DEPARTMENT OF HEALTH

1491

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: TALBOT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
LENGTH OF STAY (in this place): 2 hrs. 5min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEWCOMB
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) (Last) KILMON

4. DATE OF DEATH: (Month) DECEMBER (Day) 10 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: April 21, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Robert Larrimore

14. MOTHER'S MAIDEN NAME: Elizabeth Newnam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Mr. Harvey Kilmon (son) Newcomb, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491.7

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 1 Week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension + Generalized Arteriosclerosis — yes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6-52, to 12-10-52, that I last saw the deceased alive on 12-10-52, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE: C. J. Buell (Degree or title) Md ADDRESS: Easton Md DATE SIGNED: 12-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/12/52
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): St. Michaels Md

DATE REC'D BY LOCAL REG.: 12/11/52
REGISTRAR'S SIGNATURE: H. H. Nevett
24. FUNERAL DIRECTOR: Spencer E. Newnam & Son
ADDRESS:

VS-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11916

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford; LENGTH OF STAY (In this place) 45 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mill Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford; STREET ADDRESS Mill Street (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Nichols

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/15/1907

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Hander

10b. KIND OF BUSINESS OR INDUSTRY: Sea food

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Nichols

14. MOTHER'S MAIDEN NAME: Minnie Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lilly Gibson (Sister) Tilghman St Oxford Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sickle Cell Anemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Called to home 3 P.M. 12/22/52 Patient was found dead in bed.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Mildred E Mason M.D. (Degree or title) ADDRESS: R.D. Oxford, Easton Md. DATE SIGNED: 12/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-27-52

NAME OF CEMETERY OR CREMATORY: Trappe Neck Cemetery

LOCATION (City, town, or county) (State): Trappe Md.

DATE REC'D BY LOCAL REG.: 12/23/52

REGISTRAR'S SIGNATURE: T. L. Perry

24. FUNERAL DIRECTOR: James E Caulk, Easton, Md.

ADDRESS

194

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18
CERTIFICATE OF DEATH

Reg. Dist. No. 14917 296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 6-54

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Easton, Rural
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Gwynn (Last) Owens

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 1—1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 8 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Galveston, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry B. Gwynn

14. MOTHER'S MAIDEN NAME: Mary A. Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Charles T. Owens, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

444 Immediate cause (a) Bronchio-pneumonia, Bilateral — Interval Between Onset and Death: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c) Hypertensive cardiac disease — (?)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the body of uterus — 3 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Oct., 19 49, to 14 Dec, 19 52, that I last saw the deceased alive on 14 Dec, 19 52, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (DEGREE OR TITLE) M.D. ADDRESS Easton, Maryland DATE SIGNED 15 Dec '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 17, 1952 — NAME OF CEMETERY OR CREMATORY Quaker Meeting House — LOCATION (City, town, or county) Easton, (State) Maryland

DATE REC'D BY LOCAL REG. 12/16/52 — REGISTRAR'S SIGNATURE N.H. Norris — 24. FUNERAL DIRECTOR John D. Williams — ADDRESS Easton, Md.

DEC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1918

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) F. (Last) Reilly

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 3, 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Del. Co

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr. Frank Reilly

14. MOTHER'S MAIDEN NAME: Rose Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Mrs Florence M. Reilly (wife) Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X **Immediate cause** (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, generalized — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED White at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29/1952 to 12/3/1952, that I last saw the deceased alive on 12/2/1952, and that death occurred at 2:31 A. m., from the causes and on the date stated above.

SIGNATURE: J. B. Cof (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 12/6/52 | NAME OF CEMETERY OR CREMATORY: Greensboro | LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REG. 12/4/52 | REGISTRAR'S SIGNATURE: M. H. Reeves | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14919

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Goldstone Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Carroll (Last) Richardson

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Feb. 28 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): Talbot Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Richardson

14. MOTHER'S MAIDEN NAME: Mamie Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none.

17. INFORMANT & ADDRESS: Alvin Richardson, Bozman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vascular Disease	yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized Arterio-sclerosis	yrs
	DUE TO (c)	

443X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1949, to 12-19, 1952, that I last saw the deceased alive on 12-18, 1952, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

SIGNATURE W. F. Buell (DEGREE OR TITLE) Md. ADDRESS Easton Md DATE SIGNED 12-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec. 21, 1952

NAME OF CEMETERY OR CREMATORY Bozman Church Cemetery

LOCATION (City, town, or county) (State) Bozman, Md.

DATE REC'D BY LOCAL REG. 12/20/52

REGISTRAR'S SIGNATURE T. H. Meredith

24. FUNERAL DIRECTOR W. Hampleton Harrison ADDRESS St. Michaels Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14920

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
LENGTH OF STAY (in this place): 45 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location): Md

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Ann (Last) Seigler

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 17, 1952

9. AGE last birthday: yrs. If under 1 year: Months 6 mos. Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Pvt Irvin Seigler

14. MOTHER'S MAIDEN NAME: Mrs Mary R Redetta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Mrs Mary R Seigler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Rat Bites - Hemorrhage — Interval between onset and death: 2 hrs.

772.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Mal Nutrition — 4 days.

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Dawson A. George - Asst Medical Examiner ADDRESS: Denton Md DATE SIGNED: 12/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Dec 6-52 NAME OF CEMETERY OR CREMATORY: Denton Cemetery LOCATION (City, town, or county): Harlowe (State): Md

DATE REC'D BY LOCAL REG.: 12/8/52 REGISTRAR'S SIGNATURE: M. H. Nevins

24. FUNERAL DIRECTOR: J. Siegel Funeral Home ADDRESS: Denton

9V6299V99V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1921

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
LENGTH OF STAY (in this place) c
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Easter (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 1 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Royal Oak, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Smith

14. MOTHER'S MAIDEN NAME: Ella Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hallie F. Smith, Easton Md-RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Left Hemiplegia	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension	yrs
	DUE TO (c) Generalized Arteriosclerosis	yrs

447

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostate — yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 19 50, to 12-31, 19 52, that I last saw the deceased alive on 12-31, 19 52, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

SIGNATURE W F Buell (DEGREE OR TITLE) MD ADDRESS Easton Md DATE SIGNED 1-2-53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF Jan 3 1953 — NAME OF CEMETERY OR CREMATORY St Pauls Cemetery — LOCATION (City, town, or county) (State) Easton, Md Rural

DATE REC'D BY LOCAL REG. 1/2/53 — REGISTRAR'S SIGNATURE N A Meares

24. FUNERAL DIRECTOR John D. Williams — ADDRESS Easton, Md.

VS. A15 8-52

RECEIVED
JAN 6 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

14922

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 416-1

1. PLACE OF DEATH: COUNTY TALBOT; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY CAROLINE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDGELY; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) A. (Last) SMITH

4. DATE OF DEATH: (Month) DEC. (Day) 2 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-7-81

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Augustus Smith

14. MOTHER'S MAIDEN NAME: Annie Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Mrs. Wm. A. Smith Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — (c) Bronchopneumonia —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 27, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE: Charles H. Emmart M.D. (Degree or title) ADDRESS: Ridgely DATE SIGNED: 12-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/4/52 — NAME OF CEMETERY OR CREMATORY: Spring Grove — LOCATION (City, town, or county) (State): Denton, Md.

DATE REC'D BY LOCAL REG.: 12/3/52 — REGISTRAR'S SIGNATURE: M D Norris — 24. FUNERAL DIRECTOR: J. Virgil Mowbray — ADDRESS: Denton Md

D1023A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-T

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hannany
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Lead (Last) Todd
4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: March 1897
9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Caroline Co Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Porter S. Todd
14. MOTHER'S MAIDEN NAME: Cora Covey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Elsie M. Todd, Preston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 hr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1952, to 12/26, 1952, that I last saw the deceased alive on 12/26, 1952, and that death occurred at 2 30 p.m., from the causes and on the date stated above.
SIGNATURE Frank M Anderson (Degree or title) M D ADDRESS Federalsburg Md DATE SIGNED 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/29/52
NAME OF CEMETERY OR CREMATORY: Lincolnster
LOCATION (City, town, or county): Mr. Preston
(State): Md
DATE REC'D BY LOCAL REG.: 12/27/52
REGISTRAR'S SIGNATURE: M A Reeves
24. FUNERAL DIRECTOR: J. J. Frampton & Son
ADDRESS: Federalsburg, Maryland

RECEIVED
JAN 14 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 14924

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michael — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Tyrone (Last) Wilson

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 4

9. AGE last birthday: One yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: H. C. Frigley

14. MOTHER'S MAIDEN NAME: Agnes Marie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Agnes Marie Wilson 119 Thompson St St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

4917 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1952, to 12-30, 1952, that I last saw the deceased alive on 12-27, 1952, and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos Turner M D St Michaels Md 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/2/53 | NAME OF CEMETERY OR CREMATORY Bethlehem, Md. | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Jan 2, 53 | REGISTRAR'S SIGNATURE Mrs Ralph R. Seth

24. FUNERAL DIRECTOR Norman V. Marshall — ADDRESS St. Michaels, Md.

RECEIVED
JAN 5
BUREAU V. S.